

**County of San Diego Deferred Compensation Plans
Notification of Change Form**

Return to: Deferred Compensation Office
1600 Pacific Highway, Room 102
San Diego, CA 92101
Mail Stop A 49



**Participant
Information**

(Please print clearly)

Name

Social Security Number

☐ Name change? Please provide documentation.

☐ Address change

Mailing Address

City, State, ZIP Code

Home Phone

Work Phone

**Deferral
Contributions**

You may only change your contribution to the County of San Diego Deferred Compensation Plan 457 (250931).

Please accept this as your authorization to increase my salary deferral contribution per pay check to \$_____. I acknowledge that the total deferrals may not exceed the current IRS limit.

Signature

Date

Participant's Signature

**Submit this Notification of Change Form to the County of San Diego.
Do Not Return to T. Rowe Price**

